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Ç/IC	PATI	ENT APPLIC	ATION	FEE DETER	RMINATION	RECORD	·	Application of the second of t	on or Docket Nur	nber 97
		CLAIMS AS				C4441.5	AITITY	OR	OTHER SMALL	
	(Column 1) (Column 2)					SMALL E	NIIII	j	SWALL	CMILLI
FOR NUMBER FILED NUMBER EX			R EXTRA	RATE	FEE		RATE	FEE		
ASIC FEE 37 CFR 1.16(a))					:345	OR		:790		
OTAL CLAIMS 37 CFR 1.16(c)) minus 20 =					x 25=		OR	x <b>5</b> 0=		
NDEPENDENT CLAIMS				x:/00		OR	x:200			
17 CFR 1.16(b)) minus 3 = 1  NULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					Q81.+		OR	+:360		
If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL		
11 (11		AIMS AS AME				·				•
		(Column 1)	LINDED	(Column 2)	(Column 3)	SMALL E	NTITY	OR	OTHER SMALL	
	5-4-5- · · · · · · · · · · · · · · · · · ·	Ca Vilvas ir	;	HU: EST		- meine	ra Pro Maria Barra	1		- i - ADDI '
١		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		MIL	TIONAL
Z	Total profit (.16(c))	· 23	Minus	23	= _	× <b>હ</b> 5 =	0	OR	×.50±	
ENCIN	Independent (37 CFR 1.16(b))	.3	Minus	<del>"</del> 3	: U	× 1400	$\rightarrow$	OR	x:200	
3	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+:/80	<b>\</b>	OR	+.360	
					·	TOTAL ADD'L FEE	-	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			- 		
9 2		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total 07 OFR 1.16(c))	•	Minus	••	E .	x. <u>25</u> -		OR	x:50	
킭	Independent (37 CFR 1.16(b))	•	Minus	***	E	x : 100		OR	× 9000	
ξ		ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CI	FR 1.16(d))	+.180		OR	008.+	
ان	7 1100 7 7 1000					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			 		
O F		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
AMENDMENT	Total (37 CFR 1.16(c))	*	Minus	**	=	x <b>35</b> =		OR	x <b>.50</b> =	<u> </u>
EN C	Independent (37 CFR 1.16(b))		Minus	***	=	x:100		OR	× *300	
¥	FIRST PRESEN	TATION OF MULTIPL	E DEPEND	DENT CLAIM (37 C	FR 1.16(d))	+:/80	· .	OR	+.360	<u> </u>
_						TOTAL ADD'L FEE	<u> </u>	OR	TOTAL ADD'L FEE	
					ila "O" la colume	13 .				
		Number Previous	y Paid For	T IN THIS SPACE	E is less than 20 Lie less than 3	, enter "20".		_	•	